Asthma Information Leaflet

Background

- Asthma is a condition where the airways in the lungs are more sensitive and prone to narrowing
- Often in response to a trigger (like a cold) the small airways in the lungs narrow
- When this happens it can make it more difficult for air to move in and out of the lungs
- This causes difficulty wheezing, coughing and difficulty breathing
- People with asthma often need medications to relieve the narrowing when this happens to allow them to breathe comfortably
- In the absence of triggers most children with asthma have no symptoms
- With the right treatment most children with asthma will be able to continue playing sport and lead normal lives
- Asthma can be unpredictable and so it is vital that you understand how to start treatment for an asthma attack and the medicines you have been given before you leave the hospital

Causes

- The exact cause of asthma is not known
- It tends to run in families and is often seen in people with other conditions like eczema, hay fever and food allergies

Signs and Symptoms

- Breathing problems
- · Chest tightness
- Wheezing
- Cough

In a severe episode of asthma you may notice:

- ❖ Your child may have difficulty breathing or become very distressed
- You may notice deep sucking movements at their throat or chest as they struggle to breathe
- They may become drowsy or limp
- They may be unable to talk
- Their lips may turn blue

**In the case of a severe episode of asthma you should call an ambulance immediately and start giving the blue inhaler as per your asthma action plan (see below) **

Triggers

- Common viruses
- Animal hair and dander
- Dust mites
- Change in the weather
- Exercise
- Cigarette smoke

Treatment

- Children with asthma need two types of treatment
- Reliever treatment helps to treat their symptoms when they are having difficulty breathing.
 When you give the treatment it should start to work quickly. This needs to be taken when having symptoms.

- Preventer treatment helps to prevent them from having asthma attacks. Different children need different types of preventer treatment. This needs to be taken every day.
- There are other things you can do at home to prevent your child from having an asthma attack/worsening symptoms.

General

- Avoid triggers e.g. cigarette smoke, dust
- Flu vaccination is recommended
- Ensure that you and your child (if they are old enough) understand how to use the medications you have been given
- Ensure that people looking after your child know that your child has asthma and what to do if they become unwell
- Asthma action plans: what to do when your child is unwell

Treatments

1. Reliever Inhalers

- These medications are called bronchodilators
- The most common is Ventolin® (salbutamol, a blue inhaler)
- These medications act quickly to relax the narrow airways in the lungs to make breathing easier
- When these medications are given they often cause your child's heart rate to increase but we expect this to happen
- o For attacks your child may need to use their relief inhaler every 2 4 hrs

2. Steroids

- Steroids help to make the lungs more responsive to Ventolin[®] so that it is more
 effective
- o It also reduces swelling and inflammation within their lungs
- o Steroids can be given as a liquid or a tablet form
- o The two most commonly used medications are dexamethasone and prednisolone
- They take 6 8 hrs to work
- Dexamethasone is given as a once off dose OR Prednisolone is given once daily for three days

Preventer treatment (often started by your GP or Paediatrician)

- Preventer treatment is given to make your child's lungs less sensitive so that when a trigger comes along they don't get symptoms of an attack
- It is really important that they are given <u>regularly</u> and in the <u>correct</u> way to prevent your child from having an attack

1. Inhalers

- Examples include: Flixotide[®] (fluticasone), Becotide[®] (beclometasone), Pulmicort® (budesonide)
- These inhalers contain a small amount of steroid that need to be given every day to work

2. Tablets

- Example: Singulair® (montelukast)
- o Aims to reduce inflammation in the lung to make them less reactive to triggers
- Sometimes when symptoms of asthma cannot be controlled by regular preventers your child may be put on a combination inhaler

- Examples of this include: Seretide[®] (fluticasone/salmeterol), Symbicort[®] (budesonide/formoterol)
- These combination inhalers include a long acting reliever (bronchodilator), and a preventative medication (steroid).

BEFORE YOU LEAVE THE HOSPITAL MAKE SURE:

- You feel comfortable giving your child their inhalers ask a nurse or doctor to show or watch you if you are unsure
- Your doctor has given you an asthma action plan so you know what to do if your child becomes unwell
- You understand the signs/ symptoms of worsening asthma and when you need to return to the hospital

Frequently asked questions

How do I prevent my child from having an asthma attack?

- ✓ By using regular preventer treatment
- ✓ Seeking help early when you feel your child is becoming more unwell

Does my child need antibiotics?

- ✓ Respiratory viruses are the most common cause of exacerbations in asthma
- ✓ Your child might have a runny nose and cough along with wheezing
- ✓ As viruses are not killed by antibiotics they will not help in most cases

Does my child need a chest X-ray?

- ✓ In most cases a child with an asthma attack will not need an X-ray as it is unlikely to change how we treat them
- ✓ Your doctor will decide if one is necessary

Is it safe to give my child steroids?

- ✓ Steroids can be associated with side effects when used for a long time
- √ In small doses for short periods of time they are unlikely to cause serious side effects
- ✓ You may notice your child becoming more awake and active after being given this
 medicine
 - ✓ Check with your doctor whether or not your child needs to carry a steroid card

Further resources

- https://www.hse.ie/eng/health/az/a/asthma/
- https://www.asthma.ie/
- https://www.rightbreathe.com/pathways/?s=